Beulah Stingrays Swim Team

Parent Information: (please print)

Parent 1 (mother/father/guardian) Name				Cell Phone
Parent 2 (mother/father/guar	dian) Name			Cell Phone
Mailing Address Street		City,State Zip Code		
E-Mail Address:				
This will be us	ed as a primary for	m of communication		
Emergency Contact Person – F	Phone Number and	Relation to Swimmer		
Registration Fees are as Follov	vs For 2023 only			
1. Beulah Pool Members	\$100 per swim	mer with a max fee of \$350	per family	
2. Non Pool Members	\$100 per swimr	mer plus \$100 family pool us	se fee with	a max of \$350
Please complete all of the following	owing information:	(please print clearly)		
Swimmer Last Name	First Name	Date of Birth	M/F	T-shirt size
Swimmer Last Name	First Name	Date of Birth	M/F	T-shirt size
Swimmer Last Name	First Name	Date of Birth	M/F	T-shirt size
Swimmer Last Name	First Name	Date of Birth	M/F	T-shirt size
Payment Amount:		Check/MO number:		